

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

1. SERIAL NO. *889635* 2. FILING DATE

3. APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		3		1		
5		3				
6		1		5		
7		1				
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS			18			

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